

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

2016 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filling Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.0	0 • FAILURE TO FIL	E THIS REPORT BY M	IARCH 31 WILL RESU	JLT IN A \$25.00 PENA	LTY FEE.	
1. Entity ID No.	2. Exact nam	2. Exact name of the Corporation				
9159	E&JR	E & J REALTY, INC.				
3. Principal office address			City	State	Zip	
5 Benefit Street		Providence	RI	02904		
4. Business Phone No. (321) 722-0740			5. State of Incorporation RI			
Brief description of the real estate	e character of business	conducted in Rhode Island	d		-	
And the second section of the second section of the second section of the second section secti	S (NAMES AND ADDRE	SSES) ("X" BOX FOR A	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
President Name John A. McGowan			Vice-President Name Emily McGowan			
Street Address 1211 Camas Ave, NW			Street Address 1211 Camas Ave, NW			
City Palm Bay	State FL	Zip 32907-8089	City Palm Bay	State FL	Zip 32907-8089	
Secretary Name Emily McGowan			Treasurer Name John A. McGowan			
Street Address 1211 Camas Ave, NW			Street Address 1211 Camas Ave, NW			
City Palm Bay	State FL	Zip 32907-8089	City Palm Bay	State FL	Zip 32907-8089	
8. LIST ALL DIRECTOR	RS (NAMES AND ADDI	RESSES) ("X" BOX FOR	ATTACHMENT)			
Director Name John A. McGowa	an		Director Name Emily McGow	an	•.	
Street Address 1211 Camas Ave,	, NW		Street Address 1211 Camas A	ve, NW		
City Palm Ba y	State FL	Zip 32907-8089	City Palm Bay	State FL	Zip 32907-8089	
Director Name none			Director Name none			
Street Address none			Street Address none			
City none	State none	Zip none	City none	State none	Zip none	
9. SHARES AUTHORIZ	ED		10. SHARES ISSUED	("X" BOX FOR ATTACH	MENT)	
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			100	Common	No Par	
This report must be exe		corporation by an authorize			of a receiver or trustee,	
File Date	tnis report mus	t be executed on behalf of FILED	Under penalty of pe this report, includin	rjury, I declare and affire	hedules and statements,	
		JAN 1 9 2016	John (Man	1/04/2016	
. 9/ 5		1574	Signature of Authoriz	1.1	Date	

Form No. 630 Revised: 01/2012

FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Authorized Representative

President

John A. McGowan